

Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

SUPERVISOR'S AFFIDAVIT OF APPLICANT'S POST-DOCTORAL SUPERVISED EXPERIENCE

(A copy of this form is to be completed by each supervisor.)

Wis. State Stat. § 455.04 (d) requires one year of post-doctoral experience in psychological work. Wis. Admin. Code § 2.10 requires completion of 2,000 hours of supervised psychological experience in no more than 24 months.

Name of Applicant: (please print)

Name of Supervisor: (please print)

Supervisor's Licensure: Profession:

License Number:

Dates the applicant was under my supervision:

From: / / **To:** / /

Number of hours completed under my supervision

Name of facility where applicant completed post-doctoral supervised experience:

Location of facility where applicant completed post-doctoral supervised experience: (street, city, state, zip)

Brief description of applicant's clinical responsibilities in this position:

I attest that the above named applicant has completed a total of 65% face-to-face client contact and direct services with a minimum of 25% of the total time being face-to-face client contact.

I swear that the foregoing information is true and accurate.

Supervisor Signature

 / /

Date